

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>MOVE MARYLAND FORWARD</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00622431         </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="float: right; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 08 / 2016</div> </div> |   |

|   |             |   |  |  |
|---|-------------|---|--|--|
| Full Name of Payee<br><b>EMPIRE BROADCASTING SYSTEMS INC</b>  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2016</div>  |  |
| Mailing Address 179 ADMIRAL COCHRANE DRIVE  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">7100.00</div>   |  |
| City<br>ANNAPOLIS   | State<br>MD | Zip Code<br>21401   | <b>Transaction ID : SE.4160</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 06 / 2016</div>                                |  |
| Purpose of Expenditure<br>RADIO ADS (10/10 - 10/23/2016)  |             | Category/<br>Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate<br>SZELIGA, KATHY, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support<br/> <input type="checkbox"/> Oppose         </div>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">106741.00</div> |             |   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ► |  |

|   |             |   |  |  |
|---|-------------|---|--|--|
| Full Name of Payee<br><b>EMPIRE BROADCASTING SYSTEMS INC</b>  |             |   | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2016</div>  |  |
| Mailing Address 179 ADMIRAL COCHRANE DRIVE  |             |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>  |  |
| City<br>ANNAPOLIS   | State<br>MD | Zip Code<br>21401   | <b>Transaction ID : SE.4161</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 07 / 2016</div>                                |  |
| Purpose of Expenditure<br>RADIO ADS (10/10 - 10/23/2016)  |             | Category/<br>Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate<br>SZELIGA, KATHY, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support<br/> <input type="checkbox"/> Oppose         </div>   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">107541.00</div> |             |   | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ► |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">7900.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ► | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ►                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

MM / DD / YYYY

  

10 / 22 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 4  
FOR SE OF FORM 24/48

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>MOVE MARYLAND FORWARD</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00622431   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>10 / 08 / 2016</div> </div> |  |

|   |                       |   |   |
|---|-----------------------|---|---|
| Full Name of Payee<br><b>GO BIG MEDIA INC</b>           |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 10 / 2016   |   |
| Mailing Address 1350 CONNECTICUT AVE NW<br>SUITE 400    |                       | Amount<br>3500.00   |   |
| City<br>WASHINGTON                                      | State<br>DC           | Zip Code<br>20036   | Transaction ID : SE.4157  |
| Purpose of Expenditure<br>RADIO AD PRODUCTION           | Category/<br>Type 004 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 06 / 2016  |   |
| Name of Federal Candidate<br>SZELIGA, KATHY, , ,        |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date<br>Per Election for Office Sought |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |   |

|  |                       |   |   |
|--|-----------------------|---|---|
| Full Name of Payee<br><b>HEARST RADIO</b>                |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 07 / 2016   |   |
| Mailing Address 3800 HOOPER AVE                          |                       | Amount<br>6940.00   |   |
| City<br>BALTIMORE  | State<br>MD           | Zip Code<br>21211   | Transaction ID : SE.4158  |
| Purpose of Expenditure<br>RADIO ADS (10/07 - 10/31/2016) | Category/<br>Type 004 | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 06 / 2016  |   |
| Name of Federal Candidate<br>SZELIGA, KATHY, , ,         |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |   |

|   |          |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 10440.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |          |
| (c) TOTAL Independent Expenditures..... ▶                   |          |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
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|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>MOVE MARYLAND FORWARD</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00622431  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | <div style="display: flex; justify-content: space-around;"> <div>M M M / D D D / Y Y Y Y Y Y<br/>10 / 08 / 2016</div> </div> |  |

|   |             |   |   |
|---|-------------|---|---|
| Full Name of Payee<br><b>IMAGINE IT DESIGNS</b>               |             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 07 / 2016  |   |
| Mailing Address 100 TEAL LN #34                               |             | Amount<br>15637.00  |   |
| City<br>LAFAYETTE   | State<br>LA | Zip Code<br>70507   | Transaction ID : SE.4159  |
| Purpose of Expenditure<br>CONCEPT; CREATIVE & PRODUCTION FEES |             | Category/<br>Type 004   | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 06 / 2016   |
| Name of Federal Candidate<br>SZELIGA, KATHY, , ,              |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date<br>Per Election for Office Sought       |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |   |

|  |             |   |   |
|--|-------------|---|---|
| Full Name of Payee<br><b>WCBM-AM RADIO</b>               |             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 11 / 2016  |   |
| Mailing Address 1726 REISTERSTOWN RD<br>SUITE 117        |             | Amount<br>8101.00   |   |
| City<br>BALTIMORE  | State<br>MD | Zip Code<br>21208   | Transaction ID : SE.4162  |
| Purpose of Expenditure<br>RADIO ADS (10/11 - 10/21/2016) |             | Category/<br>Type 004   | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 07 / 2016   |
| Name of Federal Candidate<br>SZELIGA, KATHY, , ,         |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date<br>Per Election for Office Sought  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |   |

|  |          |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 23738.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |          |
| (c) TOTAL Independent Expenditures.....▶                   |          |

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MACKENZIE, SCOTT B, , ,

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Date

M M M / D D D / Y Y Y Y Y Y  
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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 4  
FOR SE OF FORM 24/48

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>MOVE MARYLAND FORWARD</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00622431   |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>10 / 08 / 2016</div> </div> |  |

|  |             |   |   |
|--|-------------|---|---|
| Full Name of Payee<br><b>WNAV RADIO</b>                  |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 10 / 2016   |   |
| Mailing Address 236 ADMIRAL DRIVE                        |             | Amount<br>3340.00   |   |
| City<br>ANNAPOLIS  | State<br>MD | Zip Code<br>21401   | Transaction ID : SE.4163  |
| Purpose of Expenditure<br>RADIO ADS (10/10 - 10/22/2016) |             | Category/<br>Type 004   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>10 / 07 / 2016  |
| Name of Federal Candidate<br>SZELIGA, KATHY, , ,         |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date<br>Per Election for Office Sought  |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ |   |

|   |       |   |  |
|---|-------|---|--|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY   |  |
| Mailing Address   |       | Amount  |  |
| City  | State | Zip Code  | Date of Disbursement or Obligation<br>MM / DD / YYYY   |
| Purpose of Expenditure                                  |       | Category/<br>Type   |  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |

|  |          |
|--|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 3340.00  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 45418.00 |

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MACKENZIE, SCOTT B, ,

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